

4. Woman, æt. 50 years. Angiosarcoma of the gall-bladder, with gall-stones. Incision. Discharge of pus and calculi. Material obtained by scraping out the cavity showed the nature of the primary trouble. Later a marked tumor developed but its removal was not permitted.

He gives the indications for operations on the biliary passages briefly as follows: 1, cholelithiasis; 2, dropsy and empyema of the gall-bladder; 3, closure of the choledochic duct; 4, wounds of the gall-bladder. To these tumors of the bladder might be added, only that benignant can scarcely be diagnosticated *intra vitam*, and malignant run such a rapid course that their operation is rarely possible. Furthermore he takes the ground that though this bladder is perhaps not very necessary, still on general principles it should only be removed for due cause.—*Brun's Beiträge f. klin. Chirg.*, 1889, bd. v, hft. i.

WILLIAM BROWNING (Brooklyn).

VI. Effects of Extirpation of the Gall-Bladder. By D. R. ODDI (Bologna). Oddi extirpated the gall-bladder in three large dogs, and following the operation found gall pigment in the urine, the voided stools of a fluid character, deeply colored and mixed with mucus; in the meanwhile the animal, despite a great voracity, becoming greatly reduced. After from one and a half months, the pigment begins to disappear, the fecal matter becomes less fluid, the voracity decreases and the general condition is improved. These phenomena are explained by Oddi by the fact that there occurs a continuous flow of bile into the intestine, the coloring matter of which is absorbed, while the constant presence of the bile in contact with the mucous membrane produces a catarrhal condition of the same. In addition to this, through a diminution of the bile, at the point where the chyme enters the duodenum, the emulsifying process of fatty matters, and, consequently, the whole digestive function, as well, are interfered with. This explanation is supported by the fact that in a control animal, in which Oddi established a gastro-biliary fistula, with ligature of the ductus choledochus, the operation was followed by the appearance of copious gall pigment in the urine but by neither diarrhœa nor decrease

in weight; on the contrary, on account of the heightened voracity, the animal's weight was considerably increased. This was thought to be due to the fact that the bile accumulated in the stomach, and was emptied, together with the chyme, into the duodenum. It is interesting to note the fact that a considerable increase in the size of all the bile ducts occurred. This was most marked in a dog, killed after one month, while in the others, killed two or three months afterwards, the hepatic ducts were slightly enlarged; the cystic duct, however, being enlarged in a ball-shaped manner, which suggested an attempt on the part of nature to form a new gall-bladder. Oddi convinced himself of the existence of a sphincter of the ductus choledochus, and interprets the behavior of the animals during life, and the condition of the bile ducts found after death, as a result of the action of the sphincter which converts the flow of the bile from a continuous flow to that approaching the normal.—*Ceutöl. f. Chir.*, 1889, No. 8.

GEO. R. FOWLER (Brooklyn).

VII. The Surgical Treatment of Tubercular Peritonitis.

By DR. F. SPAETH. Spaeth asserts that, in the vast majority of reported cases of so-called tubercular peritonitis reported¹ as cured by abdominal incision and drainage, the proof of the existence of a true tuberculous affection, *i. e.*, the demonstration of the presence of Koch's bacillus, is wanting. He disapproves of the operation, basing his views upon an unfavorable experience in indubitable cases.

His conclusions are as follows: 1. In primary peritoneal tuberculosis, other organs being not affected, the operation of laparotomy may be entertained or even recommended as a remedy. 2. In peritoneal tuberculosis, with coexisting affection of the female genital organs, the operative procedure has not been followed by encouraging results; the same remark applies as well to cases in which the diseased organs have been removed. 3. In tubercular peritonitis arising from a tuberculous disease of the intestinal tract, a palliative effect is likewise only to be expected. 4. In cases of tuberculosis of the genitals without peritoneal tuberculosis, a very early operative procedure is frequently successful. The indications, in this class of cases, are difficult to appreciate on ac-